



Employment Security Department

WASHINGTON STATE

VOLUNTARY ELECTION TO EXTEND THE COVERAGE OF THE WASHINGTON EMPLOYMENT SECURITY ACT

Please complete and return this form to the:

Employment Security Department
UI Tax and Wage Administration/Status
P.O. Box 9046
Olympia, Washington 98507-9046

This agreement to elect coverage becomes binding upon the approval by the agency. If the agreement is approved, a copy will be returned to you signed by an authorized representative. Do not report the personnel stated below until you have received authorization from the agency. If your application cannot be approved, you will be notified of the reason. **The Washington Administrative Code (WAC) lists reasons why voluntary coverage may not be approved and why it may be cancelled after it is approved (see reverse or next page).**

Please answer completely each of the following questions:

1. Business name _____
2. Mailing address _____
3. If you are already an employer subject under the Washington Employment Security Act, please indicate your Employment Security (ES) Reference No. _____, and/or your Unified Business Identifier No. _____

4. Provide the type(s) of non-covered employment below in which you presently employ workers you want covered and the number of all workers in employment in that same business or part thereof.

Type(s) of Employment to be Covered (*Check one and/or specify*)

No. Employed

- | | |
|--|-------|
| <input type="checkbox"/> Corporate Officers _____ | _____ |
| <input type="checkbox"/> All Individuals _____ | _____ |
| <input type="checkbox"/> Distinct Class of Individuals _____ | _____ |
| <input type="checkbox"/> Other (<i>specify</i>) _____ | _____ |

5. If you represent a corporation, please complete all current corporate officers data requested on the reverse or next page of this form.

NOTE: For voluntary coverage, the law requires that all corporate officers be covered as a group.

6. The undersigned, an employer or prospective employer under the Washington Employment Security Act, pursuant to the terms and provisions of [RCW 50.24.160](#), does hereby voluntarily elect to extend the application of the law to workers in noncovered employment, and requests written approval of such election by the Employment Security Department of Washington, to be effective as of:

_____, 20_____

(Signature of Corporate Officer or Business Owner)

(Business Phone)

(Title)

(Date of Application)

7. This application MUST be signed by a Corporate Officer or Business Owner. Voluntary Coverage is effective until terminated by the employer or cancelled by the agency. Coverage must remain in effect for a MINIMUM OF TWO CALENDAR YEARS. A request for termination by the employer must be in writing and postmarked by January 15, immediately following the end of the last year of desired coverage. **In the event that your taxes become delinquent, the agency reserves the right to cancel your Voluntary Coverage.**

Approved by the Commissioner of Washington Employment Security Department to become effective from

(Date of Approval)

(Authorized Representative of the Commissioner)

(See reverse or next page)

PLEASE LIST ALL CURRENT OFFICERS DATA BELOW

NAME OF CORPORATE OFFICERS	A	NAME	LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER	
		RESIDENCE ADDRESS	STREET OR ROUTE NUMBER			CITY	STATE
		TITLE			EFFECTIVE DATE*	RESIDENCE PHONE	
	B	NAME	LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER	
		RESIDENCE ADDRESS	STREET OR ROUTE NUMBER			CITY	STATE
		TITLE			EFFECTIVE DATE*	RESIDENCE PHONE	
	C	NAME	LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER	
		RESIDENCE ADDRESS	STREET OR ROUTE NUMBER			CITY	STATE
		TITLE			EFFECTIVE DATE*	RESIDENCE PHONE	
	D	NAME	LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER	
		RESIDENCE ADDRESS	STREET OR ROUTE NUMBER			CITY	STATE
		TITLE			EFFECTIVE DATE*	RESIDENCE PHONE	
	E	NAME	LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER	
		RESIDENCE ADDRESS	STREET OR ROUTE NUMBER			CITY	STATE
		TITLE			EFFECTIVE DATE*	RESIDENCE PHONE	
	F	NAME	LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER	
		RESIDENCE ADDRESS	STREET OR ROUTE NUMBER			CITY	STATE
		TITLE			EFFECTIVE DATE*	RESIDENCE PHONE	
	G	NAME	LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER	
		RESIDENCE ADDRESS	STREET OR ROUTE NUMBER			CITY	STATE
		TITLE			EFFECTIVE DATE*	RESIDENCE PHONE	
	H	NAME	LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER	
		RESIDENCE ADDRESS	STREET OR ROUTE NUMBER			CITY	STATE
		TITLE			EFFECTIVE DATE*	RESIDENCE PHONE	
I	NAME	LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER		
	RESIDENCE ADDRESS	STREET OR ROUTE NUMBER			CITY	STATE	
	TITLE			EFFECTIVE DATE*	RESIDENCE PHONE		

* DATE OF APPOINTMENT AS CORPORATE OFFICER (MONTH & YEAR ONLY)

WAC 192-300-170 Requirements for election of unemployment insurance coverage.

- (5) The department reserves the right to disapprove an election of unemployment insurance coverage due to:
- (a) The applicant being non-liable for federal unemployment taxes (FUTA); or
 - (b) the seasonal nature of the occupation or industry.
- (6) The department reserves the right to cancel unemployment insurance coverage for a voluntary election employer because:
- (a) of nonpayment of unemployment insurance taxes, and/or failure to file an unemployment insurance tax/wage report; or
 - (b) of misrepresentation of facts; or
 - (c) coverage is not used for involuntary unemployment as outlined in RCW 50.01.010.